
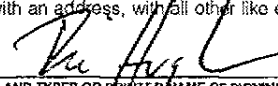
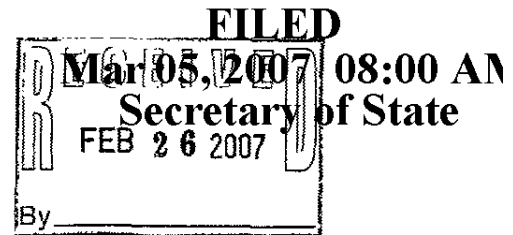


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000006366 1. Entity Name AKSM/GUILD, INC.					
Principal Place of Business 100 W. THIRD AVE ST 350 COLUMBUS OH 43201			Mailing Address 100 W. THIRD AVE ST 350 COLUMBUS OH 43201		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 31-1749163 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	C WISE, HENRY A II M.D.		STREET ADDRESS	C WISE, HENRY A II M.D.	
CITY-ST-ZIP	100 W. THIRD AVE ST 350 COLUMBUS OH 43201		CITY-ST-ZIP	100 W. THIRD AVE ST 350 COLUMBUS OH 43201	
TITLE	V STEVENS, ANN	<input type="checkbox"/> Delete	TITLE	V STEVENS, ANN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 W. THIRD AVE ST 350		STREET ADDRESS	100 W. THIRD AVE ST 350	
CITY-ST-ZIP	COLUMBUS OH 43201		CITY-ST-ZIP	COLUMBUS OH 43201	
TITLE	CFO HUGHES, RIC	<input type="checkbox"/> Delete	TITLE	CFO HUGHES, RIC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 W. THIRD AVE ST 350		STREET ADDRESS	100 W. THIRD AVE ST 350	
CITY-ST-ZIP	COLUMBUS OH 43201		CITY-ST-ZIP	COLUMBUS OH 43201	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			2/26/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/06)

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